

**UTAH MEDICAID NURSING FACILITY
QUALITY IMPROVEMENT INCENTIVE (2) APPLICATION
Improve Clinical Information System(s) (Rule R414-504-4)
State Fiscal Year 2008**

This form and all supporting documentation is due on or before June 8, 2008

Facility Name: _____

Medicaid Provider I.D. _____ Administrator: _____

Software:

- ☐ This facility has purchased/leased a new or enhanced an existing clinical information system. The software component incorporates advanced technology into improved patient care, such as better integration, capture of more information at the point of care, more automated reminders, etc. **A detailed description of the functionality of this software system is attached.** The minimum clinical tracking requirements for this software are as follows (**must have all to qualify**):
- | | |
|--|---|
| <input type="checkbox"/> Care Plans, | <input type="checkbox"/> Medication Administration Records, |
| <input type="checkbox"/> Current condition(s), | <input type="checkbox"/> Timing of medications, |
| <input type="checkbox"/> Medical orders, | <input type="checkbox"/> Medical notes, and |
| <input type="checkbox"/> Activities of Daily Living, | <input type="checkbox"/> Point of care data tracking |
- ☐ The software described above was purchased or leased and implemented on or after July 1, 2005.
- ☐ Software, software installation and training costs and detailed supporting documentation are attached. (*The software costs do not include any hardware costs.*)
- ☐ Proof of purchase or lease, including invoices and/or lease agreements as well as proof of payment (i.e., cancelled checks, etc.) are included in this submission.

Hardware:

- ☐ The hardware purchased for qualification under this incentive must facilitate tracking of patient care and integrate the collection of data to the above described clinical information system(s) software. **A detailed description of the functionality of the hardware is attached.**
- ☐ The hardware described above was purchased and implemented on or after July 1, 2005.
- ☐ Hardware, hardware installation and training costs and detailed supporting documentation are attached. (*The hardware costs do not include any software costs.*)
- ☐ Proof of purchase or lease, including invoices and/or lease agreements as well as proof of payment (i.e., cancelled checks, etc.) are included in this submission.

Qualification for the software incentive is separate from qualification for the hardware incentive. As such, please provide separate detail supporting documentation for each.

Qualifying facilities may receive up to \$108.02 per Medicaid Certified bed (count as of 7/1/2007) for software and up to \$90 per Medicaid Certified bed (count as of 7/1/2007) for hardware under this incentive. Facilities will not receive more than was expended under this incentive.

Please ensure the submitted supporting documentation includes proof of payment (i.e., cancelled check(s), financial debt instrument, etc.). Failure to include all of the above detailed information and supporting documentation will prevent the facility from qualifying.

By submitting this application I certify that all of the above criteria have been met.

Administrator Signature: _____ Date: _____